



## POSITION REQUEST/DELETE (PRD) FORM

Fiscal Year	Dept No.	Department Name	Control No.*	Date of Request

*\*For OMB Use Only*

<b>Action Requested</b>	<input type="checkbox"/> Add Only	<input type="checkbox"/> Delete Only	<input type="checkbox"/> Add/Delete Position(s)	<input type="checkbox"/> Adjust FTE
<b>Was the Total Compensation Department consulted in development of this request?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION(S) REQUESTED					
<b>I. GENERAL POSITION INFORMATION</b>					
<b>Market Range Title:</b>	<b>No. of Positions:</b>	<b>Fund/Agency:</b>	<b>Org:</b>	<b>Budget Rate:</b>	<b>Total FTE:</b>
<b>Working Title:</b>	<b>TITLE CODE*</b>	<b>PCN*</b>	<input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt	<b>Position Status (check one):</b> <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Contract	
<i>* For HR/OMB Use Only</i>					
<i>If more than one position is requested, please utilize the supplementary FTE Add/Delete Worksheet. Attachment included?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>II. PURPOSE OF NEW POSITION(S)</b>					
<b>P/A/S Code:</b>	<b>Activity Description:</b>				
<b>Please identify how the requested position(s) will impact the referenced Activity (check all that apply).</b>					
<input type="checkbox"/> Increase result _____					
<input type="checkbox"/> Increase output _____					
<input type="checkbox"/> Increase efficiency _____					
<input type="checkbox"/> Response to demand _____					
<i>If additional activities are applicable or if more space is needed for entry, please attach the supplementary Position P/A/S Alignment Worksheet.</i>					
<b>Attachment included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>III. FINANCIAL INFORMATION</b>					
<b>Direct Costs:</b>		<b>Comments:</b>			
Annualized Salary -					
Annualized Benefits -					
Subtotal Direct Costs \$ -					
<b>Indirect Costs:</b>		<b>Work Space (per Policy Guidelines):</b>			
Uniform allowance -		<input type="checkbox"/> Work Station --- Size _____ sq ft <b>Total Cost:</b> \$ _____			
Additional space* -		<input type="checkbox"/> Private Office --- Size _____ sq ft			
Equipment -		<input type="checkbox"/> Other --- Size _____ sq ft <b>Source of Funding:</b> Fund: _____			
Training -		Org: _____			
Other _____ -					
Subtotal Indirect Costs \$ -					
<b>Total Cost \$ -</b>					

POSITION(S) TO BE DELETED					
<b>IV. GENERAL POSITION INFORMATION</b>					
<b>Market Range Title:</b>	<b>No. of Positions:</b>	<b>Fund:</b>	<b>Org:</b>	<b>Budget Rate:</b>	<b>Total FTE:</b>
<b>Working Title:</b>	<b>TITLE CODE</b>	<b>PCN</b>	<input type="checkbox"/> FLSA Non-Exempt <input type="checkbox"/> FLSA Exempt	<b>Position Status (check one):</b> <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Contract	
<i>If more than one position is requested for deletion, utilize the supplementary FTE Add/Delete Worksheet. Attachment included?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>V. FINANCIAL INFORMATION</b>					
<b>Total Savings:</b>		<b>Comments:</b>			
Annualized Salary -					
Annualized Benefits -					
Other _____ -					
<b>Total Savings \$ -</b>					

**POSITION JUSTIFICATION**

**VI. Please identify why budget savings, including savings from deleted positions, should be used to create new positions and not result in a budget reduction.**

**VII. DEPARTMENT AUTHORIZATION**

I understand that the full year impact of new positions will be solely funded within my department's budget and identification of those funding sources must be provided prior to final approval. It is also understood that any budget impacts not absorbed within my budget will need to be presented to the Board of Supervisors as a separate agenda item.

**Department Appointing Authority (Department Director, Elected Official or Chief Deputy):**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**VIII. APPROVALS****OFFICE OF MANAGEMENT & BUDGET****Received:**

Date \_\_\_\_\_

Time \_\_\_\_\_ am / pm

**OMB Review:**

1. Is position request/delete form complete/correct?

Yes \_\_\_\_

No \_\_\_\_

2. Is position add/delete reflected in budgeted FTEs by fund and org?

Yes \_\_\_\_

No \_\_\_\_

3. Position(s) budgeted in PROMOTED Revised budget?

Yes \_\_\_\_

No \_\_\_\_

Comments:

Recommendation:

Approve \_\_\_\_

Delay to \_\_\_\_\_

Return \_\_\_\_

Deny \_\_\_\_

Signature: \_\_\_\_\_

**TOTAL COMPENSATION**

\_\_\_\_ **Return to Department for further clarification**

\_\_\_\_ **Approve**

\_\_\_\_ **Deny**

Signature \_\_\_\_\_

Date \_\_\_\_\_

HRMS Entry Complete?

Yes \_\_\_\_

No \_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**ELECTED OFFICIAL, PRESIDING JUDGE OR COUNTY ADMINISTRATIVE OFFICER**

\_\_\_\_ **Return to Department for further clarification**

\_\_\_\_ **Approve**

\_\_\_\_ **Deny**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## POSITION REQUEST/DELETE FORM INSTRUCTIONS

- Departments are **required** to submit approval for new market range title(s) to HR before PRDs can be reviewed by OMB.
- Use this form for all changes that affect your department's authorized staffing level.
- Include changes in grant positions as well as general and non-general fund positions.
- **Use a different form for each requested position or group of positions with a different set of duties and/or different requested market range (e.g., ONLY one Market Range Title and Working Title per form).**
- It is recommended that you contact the Total Compensation Department to determine an appropriate market range for all positions.
- Please attach the most recent job description for the requested position(s).

### POSITION(S) REQUESTED

#### INTRO

- a. Control No.** - This field is for OMB use only. Once the document is submitted, OMB will assign a "control number" for tracking purposes.
- b. Action Requested** - Please indicate the action for which this form is being submitted.

#### SECTION I: GENERAL POSITION INFORMATION

- a. Market Range Title/Working Title** - Input both the HR approved Market Range Title and the Working Title.
- b. No. of Positions** - Total number of positions requested by this action.
- c. FTE** - Total full time equivalent (FTE) as requested by this action. A single position must have an FTE value greater than zero, but not greater than 1.0. A group of positions has an aggregate FTE value based on the FTE values of the specific positions within the group.
- d. Fund/Org** - Please indicate the fund and org in which the requested position is budgeted.
- e. Budget Rate** - Enter the budgeted rate for the requested FTE. The budget rate identified on the form must be within the min and max for the position's market range.
- f. PCN** - This field is for HR/OMB use only. A 7-digit Position Control Number (PCN) will be assigned to each position upon approval. Please note that PCNs are not included in Adaytum as **HRMS is the official database for position control**.

#### SECTION II: PURPOSE OF NEW POSITIONS

- a. P/A/S Code** - Identify the key P/A/S Code(s) associated with the requested position(s).
- b. Activity Description** - Please name and describe the applicable activity as defined in the current MfR Strategic Plan.
- c. Please identify how the requested position(s) will impact the referenced Activity** (check all that apply). Include quantifiable data, if available, in the additional space provided.
- d. Attachment** (if necessary) - If more than one activity is applicable, please attach the Position P/A/S Alignment Worksheet with the PRD submission.

#### SECTION III: FINANCIAL INFORMATION

- a. Direct Costs** - Includes full annualized salary and benefit (fixed and variable) costs.
- b. Indirect Costs** - Please list all indirect costs related to the requested position(s), including uniform allowances, equipment and mandated or essential training. The department is also to indicate whether enough building space exists for the new position(s), or identify the costs and sources of funding for additional space if needed.

### POSITION(S) TO BE DELETED

#### SECTION IV: GENERAL POSITION INFORMATION

- a. Market Range Title/Working Title** - Input both the position's HR approved Market Range Title and the position's Working Title.
- b. No. of Positions** - Total number of positions requested for deletion by this action.
- c. FTE** - Input total full time equivalent (FTE) requested for deletion by this action.
- d. Fund/Org** - Please indicate the fund and org in which the requested position is budgeted.
- e. Budget Rate** - Enter the budgeted rate of the position(s) requested for deletion.
- f. PCN** - Please list the 7-digit Position Control Number (PCN) for each position requested for deletion.

#### SECTION V: FINANCIAL INFORMATION

- a. Total Savings** - Please identify the total anticipated savings from this action. In addition to salary and benefit (fixed and variable) costs, please include potential savings in equipment costs, supply costs, etc.

### POSITION JUSTIFICATION

#### SECTION VI: POSITION JUSTIFICATION

Departments **MUST** complete the position justification section when requesting new positions. In general, departments are to identify why budget savings, including savings from deleted position(s), should be used to create new positions and not result in a budget reduction.

#### SECTION VII: DEPARTMENT AUTHORIZATION

**After the Department Appointing Authority and, if necessary, the Presiding Judge or Elected Official has reviewed and signed the request, please forward all documentation to the Office of Management and Budget for review.** OMB will verify that the requested positions have been budgeted appropriately and that there is adequate funding to support the budget as a whole, including the requested position(s). OMB will not approve new positions unless their fully annualized cost can be supported within the department's current appropriation, or if the Board of Supervisors has approved other funding. **Following review by OMB, the documentation will be forwarded to the Total Compensation Department for final approval.**

## POSITION P/A/S ALIGNMENT WORKSHEET

**II. PURPOSE OF NEW POSITION(S)**

<b>P/A/S Code:</b>	<b>Activity Description:</b>
<b>Please identify how the requested position(s) will impact the referenced Activity (check all that apply).</b>	
<input type="checkbox"/> Increase result	_____
<input type="checkbox"/> Increase output	_____
<input type="checkbox"/> Increase efficiency	_____
<input type="checkbox"/> Response to demand	_____
<b>P/A/S Code:</b>	<b>Activity Description:</b>
<b>Please identify how the requested position(s) will impact the referenced Activity (check all that apply).</b>	
<input type="checkbox"/> Increase result	_____
<input type="checkbox"/> Increase output	_____
<input type="checkbox"/> Increase efficiency	_____
<input type="checkbox"/> Response to demand	_____
<b>P/A/S Code:</b>	<b>Activity Description:</b>
<b>Please identify how the requested position(s) will impact the referenced Activity (check all that apply).</b>	
<input type="checkbox"/> Increase result	_____
<input type="checkbox"/> Increase output	_____
<input type="checkbox"/> Increase efficiency	_____
<input type="checkbox"/> Response to demand	_____
<b>P/A/S Code:</b>	<b>Activity Description:</b>
<b>Please identify how the requested position(s) will impact the referenced Activity (check all that apply).</b>	
<input type="checkbox"/> Increase result	_____
<input type="checkbox"/> Increase output	_____
<input type="checkbox"/> Increase efficiency	_____
<input type="checkbox"/> Response to demand	_____
<b>P/A/S Code:</b>	<b>Activity Description:</b>
<b>Please identify how the requested position(s) will impact the referenced Activity (check all that apply).</b>	
<input type="checkbox"/> Increase result	_____
<input type="checkbox"/> Increase output	_____
<input type="checkbox"/> Increase efficiency	_____
<input type="checkbox"/> Response to demand	_____

**Optional PRD Attachment**

**FTE ADD/DELETE WORKSHEET**

ADD		
	PCN*	FTE
1		0.0
2		0.0
3		0.0
4		0.0
5		0.0
6		0.0
7		0.0
8		0.0
9		0.0
10		0.0
11		0.0
12		0.0
13		0.0
14		0.0
15		0.0
16		0.0
17		0.0
18		0.0
19		0.0
20		0.0
21		0.0
22		0.0
23		0.0
24		0.0
25		0.0
26		0.0
27		0.0
28		0.0
29		0.0
30		0.0
Total FTE Requested		0.0

DELETE		
	PCN	FTE
1		0.0
2		0.0
3		0.0
4		0.0
5		0.0
6		0.0
7		0.0
8		0.0
9		0.0
10		0.0
11		0.0
12		0.0
13		0.0
14		0.0
15		0.0
16		0.0
17		0.0
18		0.0
19		0.0
20		0.0
21		0.0
22		0.0
23		0.0
24		0.0
25		0.0
26		0.0
27		0.0
28		0.0
29		0.0
30		0.0
Total FTE Deleted		0.0

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